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THE ALBANIA HEALTH SECTOR MONITORING AND EVALUATION FUNCTION

TECHNICAL REPORT

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TECHNICAL REPORT

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ACRONYM LIST

ADHS	Albanian Demographic and Health Survey
CME	Continuing Medical Education
COP	Chief of Party
EEHR	Enabling Equitable Health Reforms Project
GOA	Government of Albania
HII	Health Insurance Institute
HIS	Health information system
ICD	International Classification of Diseases
INSTAT	Institute of Statistics
IPH	Institute of Public Health
IT	Information Technology
LSMS	Living Standards Measurements Survey
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NCCME	National Center for Continuing Medical Education
NCQSA	National Center for Quality, Safety, and Accreditation
PBMP	Performance-Based Monitoring Plan
PHC	Primary health care
RHD	Regional Health Department
TFR	Total Fertility Rate
USAID	United States Agency for International Development

1. EXECUTIVE SUMMARY

The Enabling Equitable Health Reforms (EEHR) project is a five-year initiative to "increase access to essential services for the poor in Albania by working with key Albanian institutional partners to sustain an enabling environment facilitating meaningful reforms at the national level and field-testing approaches and tools that promote reforms at the regional level."[1] The purpose of this consultancy was to provide support to the EEHR team to advance the process of institutionalizing and fully operationalizing the monitoring and evaluation (M&E) framework developed by the Ministry of Health (MOH) and the other national health sector institutions, including the Institute of Public Health (IPH), Health Insurance Institute (HII), National Center for Quality, Safety and Accreditation (NCQSA), National Center for Continuing Education (NCCME).

The specific objectives of this activity were to:

- Provide expert technical assistance to the EEHR project, MOH M&E Department and Working Groups, to use the Health Sector Monitoring System under the M&E framework as a tool that will provide:
  - Information, analysis and evidence to use in the process of health sector priority-setting and policy development; and
  - Ongoing dialogue to address current and emerging health sector challenges and ensure effective coordination of all stakeholders in the health sector.
- Provide input to harmonize the EEHR Performance Based Monitoring Plan (PBMP) with the national health sector monitoring system indicators.

Since it was established one year ago, the M&E Department has initiated implementation of the Health Sector Monitoring System. The Health Sector Monitoring System (Monitoring System) is a tool to plan, coordinate and monitor the activities of the MOH and other health sector institutions through regular reporting on achievements ("milestones") and annual assessment of how health sector activities relate to health system outcomes, and impacts for improving the health and health care of Albanian citizens (Annual Health System Performance Assessment Report). The Monitoring System is implemented at the technical level by the Core Working Group, which is a group of technical staff from the MOH M&E Department and designated experts from the Institute of Public Health, National Center for Quality, Safety and Accreditation, National Center for Continuing Education, and the Health Insurance Institute. The MOH and Core Working Group members assemble the Milestone Reports from the individual institutions and identify key areas where progress has been made or challenges remain toward meeting pre-agreed semi-annual goals related to activities described in the Health Sector Activity Map. The Core Working Group is also responsible for supporting the M&E Department to collect and analyze indicators for the Annual Health System Performance Assessment Report.

Significant progress has been made in a short time to operationalize the Monitoring System, and this progress has been accelerated by the support of the EEHR project. The new M&E Department in the MOH is functioning and gradually establishing its place in the health system. The Core Working Group has been meeting regularly, and the first products of the Monitoring System have been drafted with EEHR support, including:

- an updated Health Sector Activity Map (outline of activities being undertaken by each national health sector institution),

[1] Enabling Equitable Health Reforms Project in Albania. March 10, 2011. Year 1 Work Plan. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.

- the first Health Sector Milestones Report (report on the progress of each national health sector institution toward achieving its milestones over the previous six months), and
- the first Annual Health System Performance Assessment Report.
- milestones for 2011 were updated

The Monitoring System is functioning among the various institutions at the technical level, but it needs to be strengthened further. Nearly all of the stakeholders interviewed consider these first steps useful and in the right direction. The main concern among the stakeholders, however, is that the system still lacks a mechanism for bringing results to the decision-making level.

At the regional level the situation is particularly challenging. Whereas HII has expanded its overall role in the health system, developed systematic and well-functioning operational procedures, and relatively sophisticated information systems, the Regional Health Departments of the MOH (RHDs) no longer have a clear set of functions in the health system. Nearly all functions, from provider payment to quality control to health facility management, are becoming concentrated in HII.

Although the RHDs include a M&E Sector that should be working in collaboration with the MOH M&E Department, the regional M&E Sectors are not fully functioning and there is no administrative or functional linkage at this time with the new MOH M&E Department. The MOH plans to replicate and implement the Health Sector Monitoring System at the regional level, but so far there is no budget available to initiate activities at the regional level.

The consequence of the concentration of health system functions in HII at the regional level for the M&E system is that most data collected from providers is concentrated in HII and designed for the purposes of operating provider payment systems. There is a significant void in key data that are necessary for policy purposes, such as the ability of providers to deliver the basic benefit package and assessments of clinical quality.

During the visit the EEHR M&E team (the consultant and M&E Specialist Ms. Cami) also provided direct support to the MOH M&E Department. The team conducted six intensive sessions of direct technical assistance to the M&E Department staff. Based on needs identified through the desk review of M&E products and initial meetings with the M&E Department, the following priorities for direct assistance were identified:

- Develop a template for bi-annual meetings to discuss and disseminate results of the Milestones report to stakeholders
- Demonstrate methods for more in-depth analysis and interpretation of health system performance indicators

The consultant and Ms. Cami worked with the M&E Department to assess the experience with developing the first Milestones Report, identify gaps, and develop a template for a routine process to be coordinated by the M&E Department.

A Milestones Review Meeting was conducted on May 19, 2011. More than 30 technical-level professionals from MOH, HII, IPH, NCQSA, and NCCME actively participated in a discussion of the Milestones process and results for nearly four hours. The meeting confirmed that the Health Sector Monitoring System has taken root and, although the processes and products need to be better standardized and institutionalized, all of the health sector institutions are actively participating and contributing. During the meeting the group reached consensus that it was the most appropriate structure and format for interpreting the results of the Milestones Report in a participatory way, identifying areas of collaboration across the health sector institutions, and generating recommendations for action to be communicated to the decision-makers through a Reference Group meeting. The Reference Group is chaired by the Minister of Health and comprised of the directors of the other health sector institutions. It is designed to make decisions on health sector strategies, policies and activities based on the results of the Monitoring System and other M&E activities. For more information on the Reference Group and Core Working Group, see Annex 4.

Based on the conclusions of stakeholder interviews and the direct technical support activities during this consulting visit, key areas where the EEHR project may focus its support for implementing the

M&E framework and strengthening evidence-based policy were identified. The EEHR project should focus its activities on: (1) strengthening the core processes and data sources and flows to implement the M&E framework at the national and regional levels; (2) establishing a mechanism to bring the results of M&E activities into an evidence-based policy and decision-making process; (3) formalizing the EEHR coaching model, which can be replicated in other components of the project; and (4) harmonizing the EEHR PMBP with the national Health Sector Monitoring System.

Specifically, the EEHR project may focus its M&E activities as follows:

Strengthen core M&E processes and data sources and flows

- Provide support to standardize the key processes and products of the Health Sector Monitoring System;
- Facilitate or provide training in M&E, including basic data analysis, presentation and use in decision-making for the MOH M&E Department, program departments and other national health sector institutions at the national and regional levels;
- Provide support to strengthen the internal processes in the program departments of the MOH and other health sector institutions to plan their activities, set milestones, measure progress, and improve performance;
- Strengthen data sources, quality and flows for the M&E system;
- Initiate support to the M&E process at the regional level through strengthening data sources and flows.

Specific support may include:

- There is a need to strengthen the relationship between the RHD, HII and regional hospital to improve communication, data-sharing, and joint problem solving to improve health system performance at the regional level. While functions remain unclear, particularly for the RHD, strengthening data sources and flows may be a reasonable place to start. Strengthening data sources at the regional level is critical not only for implementation of M&E, but for any intervention aimed at improving health system performance.
- There is also a need to create a better balance of data generation and use across the three main actors. For example, the EEHR project could contribute to strengthening the RHD M&E function by supporting them to establish routine data collection and analysis for information needed for policy—e.g. routine health facility surveys with a targeted clinical quality component.
- Hospitals will need to establish hospital case databases to improve their planning and management of contracts with HII. In addition, hospital case data will be needed by HII to design and implement new hospital payment systems. The hospital case data should be the responsibility of the hospitals and should include data for all patients, insured and uninsured.
  - The EEHR project may provide support to: (1) assessing the current status of hospital case databases in different regions; (2) providing guidance to harmonize the different systems that are already in place; (3) ensuring that all variables are included that will be needed to design and implement a case-based hospital payment system; and (4) assisting hospitals directly to put in place or update a case database and use it for internal planning and management.
  - EEHR may begin by conducting an assessment of coordination and communication around data flows in each region. This would be a critical criterion for selecting pilot regions for the second phase of EEHR.

Establish a mechanism to bring the results of the M&E system into an evidence-based policy and decision-making process

- Provide support to package and communicate the results of M&E and other research activities so they are more useful for policy and decision-making.
- Through the Governance component of the EEHR project, build on the existing M&E Reference Group to strengthen a participatory group of policymakers that will formally generate demand for and utilize results from the M&E system and other analysis in decisions and policymaking.

Formalize the EEHR coaching model by establishing a Memorandum of Understanding (MOU) between EEHR and the MOH that specifies roles and responsibilities of both EEHR and M&E Department

Harmonize the EEHR PBMP with the national Health Sector Monitoring System through a sub-set of indicators in the key health system performance areas. The project also should consider targeting support to strengthen existing data sources or establishing new sources, such as a health facility survey and hospital case database.

2. BACKGROUND AND OBJECTIVES

The USAID-funded Enabling Equitable Health Reforms (EEHR) in Albania project is a five-year initiative to "increase access to essential services for the poor in Albania by working with key Albanian institutional partners to sustain an enabling environment facilitating meaningful reforms at the national level and field-testing approaches and tools that promote reforms at the regional level."[2] The project is designed to support and empower Albanian institutions to lead the design, implementation, and monitoring and evaluation of selected feasible and effective health reforms. These activities are aligned with and will support implementation of the MOH's Health Sector Strategy 2007-2013.

EEHR collaborates closely with Albania stakeholders to employ three strategies to improve and expand access to essential health services by the poor in Albania:

- Improve health reform policy and planning to institutionalize effective policymaking processes and to encourage increased reliance on evidence to inform policymaking;
- Improve capacities to implement a set of feasible and effective health reforms in selected regions; and
- Improve advocacy and communication around health reform within the GOA, health sector, donors, and among the general population.

EEHR will support a policy dialogue process and regional implementation of reforms. The project will engage in outreach and advocacy activities so a wide range of stakeholders are encouraged to provide input to policymaking and build consensus on selected health reforms. Monitoring and evaluation data and lessons learned during regional implementation will be continuously fed back into a national-level policy dialogue in order to refine health reform interventions and implement them nation-wide.

The purpose of this consultancy was to provide support to the EEHR team to advance the process of institutionalizing and fully operationalizing the monitoring and evaluation (M&E) framework recently developed by the Ministry of Health (MOH) and the other national health sector institutions, including the Institute of Public Health (IPH), Health Insurance Institute (HII), National Center for Quality, Safety and Accreditation (NCQSA), National Center for Continuing Education (NCCME).

The specific objectives of this activity were to

- Provide expert technical assistance to the EEHR project, MOH M&E Department and Working Groups, to use the Health Sector Monitoring System as a tool that will provide:
  - Information, analysis and evidence to use in the process of health sector priority-setting and policy development; and
  - Ongoing dialogue to address current and emerging health sector challenges and ensure effective coordination of all stakeholders in the health sector.
- Provide input to harmonize the EEHR Performance Monitoring Plan (PBMP) with the national health sector monitoring system indicators.

2 Enabling Equitable Health Reforms Project in Albania. March 10, 2011. Year 1 Work Plan. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.

The remainder of this report is organized as follows: Section 2 describes the methods and activities of the assessment. Section 3 summarizes the findings related to the current status of implementation of the Health Sector Monitoring System; Section 4 describes the technical support delivered to the M&E Department during the consulting visit, outputs and anticipated next steps; Section 5 discusses harmonization of the EEHR PBMP with the national Health Sector Monitoring System; and Section 6 presents conclusions and recommendations for EEHR as the project moves forward in support of institutionalizing the M&E framework and strengthening evidence-based decision-making and policy.

3. METHODS

The consultant worked under the guidance and in close collaboration with EEHR M&E Expert Mirela Cami. Prior to travel to Albania, the consultant reviewed key documents and recent outputs of the Health Sector Monitoring System (see Annex 1). The in-country work was carried out from May 9 – 20, 2011 and involved the following activities:

- initial meetings with stakeholders from all national health sector institutions to assess the current status of implementation of the Health Sector Monitoring System (see Annexes 2 and 3);
- field visit to Shkoder region;
- six intensive work sessions to provide direct technical assistance to the M&E Department; and
- support to the M&E Department to design and conduct the first bi-annual M&E Milestones Report roundtable meeting.

4. CURRENT STATUS OF IMPLEMENTATION OF THE HEALTH SECTOR MONITORING SYSTEM

4.1 ORIGIN OF THE HEALTH SECTOR MONITORING SYSTEM

Over the past several years, the Government of Albania has initiated changes in the health sector that are reorienting the roles and responsibilities of the MOH. Many former MOH functions that are related to implementing health policy have been delegated to existing or newly established health sector institutions, including IPH, HII, NCQSA, and NCCME. As responsibility for financing and operational management of health care facilities and other policy implementation activities is reduced, the MOH recognizes that its role should now be more narrowly targeted to policy-making, regulation, and monitoring and evaluation.

In a step toward reorienting the role of the MOH, in October 2009, the Minister of Health initiated a process to design a health sector M&E Framework in order to "develop realistic policies with a monitoring framework and move away from ad hoc, fragmented policymaking and for all institutions to start making decisions based on evidence."[3] A Ministerial Order was issued on October 26, 2009 that established the temporary M&E Reference Group and Core Working Group to develop a vision, framework, and indicators for a health sector-wide M&E system. These groups were made permanent by a ministerial order issued in April 2010. The Reference Group includes representatives from key departments of the MOH, and the directors of the national health sector institutions. The Core Working Group includes technical level experts from each of these institutions and was established to coordinate across all national health sector institutions to implement the monitoring system and provide information and analysis on policy-relevant issues to decision-makers. For more information on the Reference Group and Core Working Group see Annex 4.

The M&E Framework identifies the institutional structure, indicators and processes to monitor and evaluate health sector activities and bring evidence into the decision-making and policy processes. The Health Sector Monitoring System is one specific part of the overall M&E Framework. The M&E Framework was designed over a three-month period through a participatory process involving more than 30 stakeholders. The design process was supported by technical assistance from the World Bank Health System Modernization Project. The MOH of Albania approved the framework document for the M& E System in March 2010.[4] The MOH immediately created the institutional structure to implement the M&E Framework by upgrading the existing M&E Sector to the level of a department parallel to the MOH program departments (Public Health, Hospital Planning, and Pharmaceuticals) under the Directorate of Policy and Planning. The new M&E Department includes two sectors: the M&E and Data Collection Sector and the Statistics Sector. The M&E Department

3 Statement by Minister Petrit Vasili at the first meeting for the development of the health sector monitoring system on November 2, 2009.

4 Ministry of Health of Albania (2010). Vision, Framework and Health System Performance Outcome Indicators for Monitoring Health Sector Policies, Programs, and Institutions in Albania.

now includes a total staff of seven (M&E Department Head, Head of M&E Sector, three M&E Specialists, Head of Statistics Sector, and one Statistics Specialist).[5]

4.2 ROLE OF THE MOH M&E DEPARTMENT

The M&E Department was established "to provide appropriately communicated information, analysis, and reports to support the MOH to facilitate evidence-based decision-making, planning, and allocation of resources according to established needs and priorities."[6] The role of the MOH and the M&E Department is to coordinate the M&E system and synthesize information contributed by all institutions into useful input for policy. Although the MOH previously had a M&E Sector, the monitoring of health system performance and of health sector institutions is a new function. The former M&E sector was under-utilized, because its function was limited to monitoring several discrete (mainly donor-initiated) activities, and there was not a clear process for using this information for policy development or program planning.

It will take time, training, and support to establish, fully operationalize, and institutionalize this new function in the MOH. The M&E Department head and staff are all new and were not part of the process of designing the M&E framework, with the exception of one M&E specialist. Given the lack of experience and institutional memory, the staff of the M&E Department not only have to establish this new function in the MOH, but they also have to build new relationships with the MOH program departments, other health sector institutions, and the Regional Public Health Departments.

4.3 CURRENT STATUS AT THE NATIONAL LEVEL

Since it was established one year ago, the M&E Department has initiated implementation of the M&E framework, and in particular the Health Sector Monitoring System. Significant progress has been made in a short time, which has been accelerated by the support of the EEHR project. At the time of the consulting visit, the status of implementation of the M&E framework includes the following:

- The new M&E Department in the MOH is functioning and gradually establishing its place in the health system;
- Regular meetings of the Core Working Group have been held, and the first M&E products have been drafted with EEHR support:
  - the Health Sector Activity Map was updated for 2011. The Health Sector Activity Map shows the policy actions/decisions for each activity that are the responsibility of the MOH, and the implementation steps that are the responsibility of the implementing institutions (in some cases, the MOH also has some implementation responsibility). The Health Sector Activity Map is used as an ongoing action plan, and will be updated each year following the Annual Review in a participatory way as part of the health sector strategic planning process.
  - the first Health Sector Milestones Report was prepared for 2010. The Milestones Report is a report on the progress of each national health sector institution toward achieving pre-agreed semi-annual goals related to activities described in the Health Sector Activity Map ("milestones") over the previous six months. The MOH and Core Working Group members assemble the Milestone Reports from the individual institutions and identify key areas where progress has been made or challenges remain toward meeting the milestones.
  - the first Annual Health System Performance Assessment Report was drafted for 2009. The Annual Health System Performance Assessment Report is an annual report on the set of health system performance indicators agreed to in the M&E Framework document. The report identifies areas of progress in the health system and priorities for the upcoming year.
  - set of Milestones 2011 was updated.
- The joint M&E process with other institutions is functioning at the technical level, but needs to

5 The previous M&E Sector included a staff of only two specialists and no Head of Sector.

6 Ministry of Health of Albania (2010). Vision, Framework and Health System Performance Outcome Indicators for Monitoring Health Sector Policies, Programs, and Institutions in Albania.

be strengthened further

- The system still lacks a mechanism for bringing results to the decision-making level.

Nearly all of the government stakeholders interviewed consider these first steps to be useful and in the right direction. One Director stated that the creation of the M&E Department and new Health Sector Monitoring System is the first step in creating a culture of measurement. Another stakeholder noted the positive contribution of the monitoring system to increasing accountability and stated that his institution felt the "pressure" of preparing and reporting on milestones. One Director had a more negative view, however, and stated that the new M&E Department sees their role as being "to control" the other health sector institutions.

The main concern among the stakeholders is to ensure that the system does not simply have a reporting function, but that indicators and reports are used to improve processes and outcomes in the health sector. All stakeholders agree that there needs to be a mechanism (and demand) for using the results internally to improve their own institutions' performance and for bringing results to the decision-making level. Several of the institutions indicated that they already were using the monitoring system to assess their own activities and performance internally, but that it would be helpful to have training and a process to do this in a more systematic way. For example, they would like assistance to formalize the process of setting milestones, reporting on them, assessing performance and making performance improvements. Several also suggested the need to designate staff to serve as the M&E focal point and include this responsibility in their job descriptions and provide them with training in M&E and performance improvement approaches.

4.4 CURRENT STATUS AT THE REGIONAL LEVEL

At the regional level the situation is particularly challenging. One of the main issues in the regional health system that affects all health system functions, including M&E, is that the pace of development of the regional affiliates of HII and the MOH Regional Health Departments (RHDs) have diverged over the past several years. Whereas HII has expanded its overall role in the health system, developed systematic and well-functioning operational procedures and relatively sophisticated information systems, the MOH Regional Health Departments no longer have a clear set of functions in the health system. Nearly all functions, from provider payment to quality control to health facility management, are becoming concentrated in HII.

There are several possible reasons for this gradual concentration of health system functions in HII. As financing and service delivery functions were delegated by the MOH to HII, the new functions of policy, regulation and M&E were not clearly established in the RHD. Those functions that remain with the RHD, such as supportive supervision of health centers, are weakened by the reality that the RHD has extremely limited means (budget, authority, or human resources) to enact change and practically no leverage to enforce requirements. The high level of decentralization of health care providers has resulted in limited leverage over their activities, with the only real meaningful leverage being the HII contract. It is not clear what legally binding authority the RHD/MOH continues to have over public or private health care providers.

Although the RHDs include a M&E Sector that should be working in collaboration with the MOH M&E Department, the regional M&E Sectors are not fully functioning and there is no administrative or functional linkage at this time with the new MOH M&E Department, with the exception of quarterly summary reports that are supposed to be submitted by the RHD M & E specialists to the M & E department. The MOH plans to replicate and implement the Health Sector Monitoring System at the regional level, but so far there is no budget available to initiate activities at the regional level. At the time of this consulting visit, the new M&E Department has had very little interaction with the RHD M&E Sectors.

The only function remaining for the M&E Sectors is to carry out supportive supervision of health centers. The MOH Public Health Department worked with the NCQSA with technical assistance from the USAID PRO Shëndetit project to develop quality standards for primary health care and a process of supportive supervision to implement the standards. The quality standards are in the form of a checklist, and specialists from the RHD M&E Sector visit each health center on a quarterly basis

to go through the checklist. If the health center is not meeting any of the standards, an action plan is developed and progress reviewed during the next supervision visit. The regional M&E specialists send quarterly summary reports to the MOH M&E Sector, but these reports are not aggregated to generate indicators or assessments of the system as a whole, and in general they do not appear to lead to any specific action.

The main issue is that the M&E Sector and health centers lack the authority and resources to solve many of the issues that keep the standards from being met. For example, several of the standards are related to the infrastructure of the health center. Health centers do not manage that portion of their budgets, however, and cannot make the changes necessary to comply with the standards. Another example is the list of emergency medicines of the MOH that should be available at the health centers. Having those medicines in stock is one of the standards checklist. The RHD has no authority to enforce this emergency medicines list, however, and the health centers do not have the autonomy over their budgets to purchase this list of medicines. The HII has developed an alternative list of medicines that should be available in health centers, which it funds through health center budgets.

The consequence of the concentration of health system functions in HII at the regional level for the M&E system is that most data collected from providers is concentrated in HII and designed for the purposes of operating provider payment systems. Although providers continue to submit routine statistics to the RHD, other data, such as hospital performance indicators, have been much more difficult to collect. There is a significant void in key data that are necessary for policy purposes, such as the ability of providers to deliver the basic benefit package and assessments of clinical quality. Furthermore, the supportive supervision process does not generate any data or indicators of clinical quality across the system.

4.5 DATA SOURCES, QUALITY AND FLOWS

The Health Sector Monitoring System relies on data from routine statistics, administrative or operational data of the different institutions, and surveys. Each of these data sources poses challenges that have not yet been resolved. In particular, there is not a routine process for the data to be reported to the MOH M&E Sector in an appropriate format with necessary explanations and annotations. Data are scattered throughout the system, and it is difficult to bring together even a few key indicators and analyze them together. In completing the first Annual Health System Performance Assessment Report, the M&E Sector had to approach each institution and collect indicators manually on an individual basis. This was a cumbersome and time consuming process and left significant gaps in key indicators.

In theory, there are data sharing agreements in place, but this is very limited in practice. The IPH is working to establish a data warehouse that will bring together the Institute's 13 individual information systems and make the data more accessible to the MOH. Although the hardware is being procured under the World Bank Health System Modernization Project, there are other issues yet to be resolved, including capacity to operate the technology, harmonizing data formats, and routine data sharing from other health sector institutions, particularly INSTAT and HII.

Specific challenges with data from the different sources are described below.

4.5.1 ROUTINE STATISTICS

Data that are available from routine statistics are either collected by the MOH directly or from INSTAT. Routine statistics that come from INSTAT have been a long-standing obstacle in Albania. For example, IPH is dependent on INSTAT for mortality data, but the data are provided only in aggregate form. The MOH has been discussing a memorandum of understanding with INSTAT to improve data flows, but so far this has been difficult.

The data that come from MOH statistics are readily available and accessible to the M&E Sector, which is facilitated by the incorporation of the Statistics Sector into the M&E Department. The main challenges with the routine statistics generated by the MOH is that they are not made available electronically, and they are aggregated in ways that are not always most useful for health system

performance indicators. For example, disease-specific indicators are aggregated into groups of ICD-10 codes that do not match the groups that are most useful for analysis and priority-setting. In the case of cardiovascular diseases, diagnosis code groupings are different for reporting mortality than for reporting hospital cases.

4.5.2 ADMINISTRATIVE AND OPERATIONAL DATA FROM THE INSTITUTIONS

The data that come from internal sources within the health sector institutions are not yet routinely shared with the M&E Sector. The data that are shared have been collected manually from the individual institutions by M&E Sector staff. Although all institutions participated in the design of the monitoring system and consensus was reached on the package of indicators, some data that are available within the institutions have not been made available for the Annual Health System Performance Report.

Most importantly, data that come from health care providers are not yet routinely available to the MOH Sector due to the issues discussed above. Some of the provider level data that are collected by HII are shared (for example, health center utilization data are shared with IPH), but there are more difficulties with other data, such as performance indicators. The MOH has very little leverage to enforce reporting of data that are not required in the HII contracts, such as the full set of hospital performance indicators. Furthermore, there is a complete gap in data on clinical quality. HII carries out some audits, but they are mainly focused on financial performance, although some medical records are reviewed. As discussed above, the supportive supervision carried out by the RHD M&E Sectors does not generate any data or indicators of clinical quality across the system.

4.5.3 SURVEYS

Survey data have not yet been made available to the M&E Sector for completing the Annual Health System Performance Assessment Report. Several key indicators, particularly related to catastrophic health spending and financial protection, are only available from household surveys. Although the 2008 Living Standards Measurement Survey has been completed, it has not yet been officially released. Other indicators will need to be generated by new surveys, such as health facility surveys, but the MOH does not yet have a plan or budget for new data collection.

5. INTENSIVE SUPPORT TO THE M&E DEPARTMENT

The EEHR M&E Specialist Ms. Cami has been providing intensive support to the new M&E Department through a coaching model that, with some minor modifications, can be a highly effective model overall for EEHR to support health sector institutions to improve key functions, processes, and products. During this consulting visit, some approaches to strengthen the coaching model were tested, and support was provided to strengthen one M&E product and one M&E process.

5.1 EEHR M&E COACHING MODEL

The EEHR M&E Expert has been providing intensive support based out of the EEHR office, but maintaining daily contact through on-site support in the offices of the MOH and other health sector institutions, or when appropriate, in the EEHR office. This model has been effective, and an excellent working relationship has been established between the EEHR M&E Expert and the MOH M&E Department, as well as with the other health sector institutions.

The coaching model that has evolved for EEHR support to the M&E Department includes the following elements:

- **Workplan to guide EEHR input**—the EEHR project supports the M&E Department to develop an annual workplan based on their terms of reference and agree on areas for EEHR support;
- **Templates for processes**—the EEHR project and M&E Department identify key processes that need to be strengthened to implement the workplan, they develop templates for the processes, and EEHR project provides intensive support to the process initially, with support gradually decreasing and ownership of the M&E Department gradually increasing;
- **Templates for products**—the EEHR project and M&E Department identify key products that are the responsibility of the M&E Department, develop templates for the products, and provide intensive support to prepare the product the first time, with support gradually decreasing and ownership of the M&E Department gradually increasing;
- **Day-to-day support to solve problems**—the EEHR project provides ongoing support to solve problems that arise implementing the M&E framework, and identify additional support, expertise, or resources that may be needed.

5.2 SPECIFIC SUPPORT DURING CONSULTING VISIT

During the visit the EEHR M&E team (the consultant and M&E Specialist Ms. Cami) conducted 6 intensive sessions to provide direct technical assistance to the M&E Department staff. Based on needs identified through the desk review of M&E products and initial meetings with the M&E Department, the following priorities for direct assistance to strengthen a process and a product during this visit were identified:

- Develop a template for bi-annual meetings to discuss and disseminate results of the Milestones report to stakeholders;
- Demonstrate methods for more in-depth analysis and interpretation of health system performance indicators;

5.2.1 M&E ROUNDTABLE MEETING: STRENGTHENING THE MILESTONES REPORT AND ESTABLISHING A PROCESS FOR ACTION ("MILESTONES REVIEW MEETING")

One of the key responsibilities of the M&E Department is to coordinate and synthesize the results of monitoring and performance improvement among the program departments of the MOH and the other national health sector institutions. These results are documented in the Quarterly Milestones Report. Over the past several months, EEHR M&E Specialist Ms. Cami provided direct support to the process of developing milestones for each institution, facilitating reporting, and generating a synthesis report.

During this consulting visit, the consultant and Ms. Cami worked with the M&E Department to assess the experience with the first Milestones Report process, identify gaps, and develop a template for a routine process to be coordinated by the M&E Department. Stakeholder interviews revealed that the main concern with the Milestones process was lack of clarity in how the results would be used to make improvements in the institutions and in the system as a whole. The EEHR M&E team provided support to the M&E Department to design the next steps in the process to systematically disseminate, interpret, and use the Milestones Report as a tool for dialogue among national health sector institutions and for input into policy.

A Milestones Review Meeting was conducted on Thursday May 19. More than 30 participants actively discussed the Milestones reporting process and results for nearly four hours. The agenda and participant list are attached in Annex 5. The meeting confirmed that the Health Sector Monitoring System has taken root and, although the processes and products need to be better standardized, all of the health sector institutions are actively participating and contributing.

During the meeting the group reached consensus that the Milestones Review Meeting was the most appropriate structure and format for interpreting the results of the Milestones Report in a participatory way, identifying areas of collaboration across the health sector institutions, and generating recommendations for action to be communicated to the decision-makers through a Reference Group meeting.

The following steps to improve the Milestones Reporting process were agreed:

- Reduce the reporting from quarterly to every six months;
- Automate the reporting of Milestones by each institution to the M&E Sector;

  The consultant recommends that EEHR explore opportunities (possibly through a local IT consultant) to support to the M&E Department develop a database and standard reporting form to automate the reporting of Milestones by each national health sector institution.
- Improve the format of the Milestones Report to be more analytical and include more interpretation of results to generate recommendations;

  EEHR M&E Specialist Ms. Cami will provide support to the M&E Department to improve the structure of the report based on the recommendations of the stakeholders.
- After each Milestones Report is drafted, conduct a meeting of Core Working Group members and other stakeholders from the technical level to share results and experience and generate recommendations for action.

  During this visit, the EEHR M&E team provided a template for the Milestones Review Meeting and support to the M&E Department to conduct the first meeting.
- Conduct a Reference Group Meeting

  The M&E Department conducted a debriefing meeting with the EEHR M&E team following the Milestones Review Meeting and suggested conducting a Reference Group meeting very soon in order to communicate the results of the Milestones Review Meeting, present recommendations, receive final approval of the 2010 Milestones Report, and discuss new Milestones for the second half of 2011.

EEHR M&E Specialist Ms. Cami will provide support to the M&E Department to develop a template for the Reference Group Milestones Meeting, which also will be conducted on a routine basis after each 6-monthly Milestones Report to ensure that it results in clear recommendations and commitment to action.

5.2.2 STRENGTHENING THE ANNUAL HEALTH SYSTEM PERFORMANCE ASSESSMENT REPORT

The main output that the M&E Department is responsible for coordinating and producing is the Annual Health System Performance Assessment Report. Over the past several months, EEHR M&E Specialist Ms. Cami provided direct support to the process of drafting the first annual report. The first report served as a diagnostic to determine which indicators are readily available, where there are gaps, and what additional steps are needed to strengthen existing data flows and possibly develop new data sources.

During this consulting visit, the consultant and Ms. Cami worked intensively with the M&E Department to assess the process of drafting the first annual report, assess the product itself, and identify steps to take the analysis further to lead to useful conclusions and recommendations for policy. The team agreed to the following:

- Select priority indicators for each health system outcome (health outcomes, financial protection, and responsiveness) for deeper analysis;

  EEHR M&E Specialist Ms. Cami, with support from the consultant, will continue to provide support to finalize the first annual health system performance assessment report with the more in-depth analysis and conclusions and recommendations.

- Develop templates for outputs, such as policy briefs, that identify highlights from the analysis and package the results to be communicated to policymakers, advocacy groups, journalists, and other stakeholders.

  EEHR M&E Specialist Ms. Cami will coordinate assistance to the M&E Department to develop templates to package the results to be communicated to policymakers, advocacy groups, journalists, and other stakeholders.

- Automate the reporting of annual health system performance indicators to the M&E Department.

  The consultant recommends that EEHR explore opportunities (possibly through a local IT consultant) to support the M&E Department to develop a database and standard reporting form to automate the reporting of annual health system performance indicators.

6. HARMONIZING THE EEHR PBMP WITH THE NATIONAL HEALTH SECTOR MONITORING SYSTEM

The consultant was requested to review the EEHR PBMP and provide input to harmonize it with the national Health Sector Monitoring System. The current PBMP was designed in the absence of final project technical activities, so it is difficult at this stage to link it to the national Health Sector Monitoring System, which is based on indicators that reflect highly specific technical objectives for the health system under the framework of the "Health System Strategy 2007-2013." Nonetheless, the EEHR PBMP can be restructured around the key performance areas of the national Health Sector Monitoring System, and a subset of key indicators can be selected that should be influenced by the project under any scenario of technical activities. These indicators have been selected through consensus among the national health sector institutions, are available, and either are being collected as part of the national system or could be collected with additional EEHR project support. For the EEHR PBMP, the indicators would be reported only for the regions where the project is active, but it would be useful to compare those values to values at the national level. By harmonizing the EEHR PBMP with the national Health Sector Monitoring System, the project has the opportunity to target support to strengthen existing data sources or establish new sources, such as a health facility survey and hospital case database.

Process-oriented indicators that link directly to project activities also will still be needed. Furthermore, the results of some approaches of the EEHR project, such as the coaching model, are difficult to measure. To avoid subjective conclusions about the effectiveness of coaching activities, it would be useful to develop simple tools to assess the effectiveness of this assistance in an objective way. Some examples may include "customer" satisfaction surveys or surveys of knowledge, attitudes and practices among key partners based on models used to assess health promotion and education activities but adapted to health sector technical staff and policymakers.

A sample set of indicators that may be harmonized is presented in Table 1.

TABLE 1: POSSIBLE INDICATORS TO HARMONIZE EEHR PBMP WITH NATIONAL MONITORING SYSTEM

Indicator	Definition	Data Source	Availability
Health Outcomes			
Avoidable hospitalization rate	# of hospital discharges for primary care-sensitive conditions (e.g. asthma; childhood diarrhea)/100,000 population	MOH statistics	Routinely available but may be difficult to disaggregate by diagnoses of interest—possible area of EEHR project support
Financial Protection			
% of households with catastrophic health expenditures/year	% of households with health expenditure greater than 10% of the household budget in a month.	Household survey (LSMS)	2008 LSMS survey available as a baseline; not clear whether follow-up survey will be available

TABLE 1: POSSIBLE INDICATORS TO HARMONIZE EEHR PBMP WITH NATIONAL MONITORING SYSTEM

Indicator	Definition	Data Source	Availability
Responsiveness			
Patient satisfaction with hospital services	Average overall rating of hospitals by patients (rating from 1 – 10)	NCQSA patient satisfaction survey	Planned by NCQSA but not yet carried out—possible area of EEHR project support
Access and Equity			
Primary care utilization rate	# health center visits per year per person (by age; sex; urban/rural; income quintile; region)	HII	Utilization collected by HII and shared with IPH, but not yet analyzed and combined with socioeconomic variables—possible area of EEHR project support
Average % of package of services available at health centers	# of services in basic package that are available at the health center / total # of services in basic package (by district and region)	Clinical audit by RHD M&E Sector	Planned in the M&E Framework but not yet carried out—possible area of EEHR project support
Clinical Quality			
Compliance with clinical guidelines	# of charts reviewed that show guidelines were followed / # of charts reviewed	Clinical audit by RHD M&E Sector	Planned in the M&E Framework but not yet carried out—possible area of EEHR project support
Rate of re-hospitalization within 72 hours of discharge	# of re-hospitalizations within 72 hours of discharge /# of discharges	NCQSA/MOH hospital performance indicators	Data only partially reported by hospitals—possible area of EEHR project support
Financing			
Public sector health expenditure as a share of total health expenditure	Total government health expenditure (government budget, HII) / total health expenditure (government budget, HII, private)	MOH National Health Accounts	Routinely available at the national level; may not be possible to disaggregate by regional level
Share of population insured	# insured (either contributing or having a government contribution and having a booklet) / total population	HII	Routinely available at the national level; need to disaggregate by regional level
Informal payments	Household informal payments for health as % of total out-of-pocket health expenditure	Household survey (LSMS)	2008 LSMS survey available as a baseline; not clear whether follow-up survey will be available
M&E Process Indicators			
# of standardized M&E processes carried out routinely	# of M&E processes (e.g. Annual Health Sector Performance Assessment report) with an approved standard structure and process that are carried out on a routine basis	Project records	Readily available from project records
# of M&E products distributed to and used by decision-makers	# of M&E products such as policy briefs distributed to and discussed by decision-makers, such as health sector steering committee	Project records	Readily available from project records
# of people trained in M&E	# of partners participating in formal M&E training activity	Project records	Readily available from project records
Assessment rating of coaching support	To be determined	To be determined	Data collection tool to be developed by EEHR

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 IMPLEMENTATION OF THE M&E SYSTEM

The relationship between the different actors in the health system for M&E and evidence-based policy is depicted in Figure 1. The current status of the M&E system at the national level can be summarized as follows:

- The new M&E Department in the MOH is functioning and gradually establishing its place in the health system.

  The institutional structure is now in place for the MOH to play a strong coordinating role in M&E of the health sector. Several weaknesses remain, however. First, the authority of the new M&E Department to require other health sector institutions to submit data and participate in the M&E process is still unclear. Although a ministerial order is in place, this does not seem to be an adequate mechanism. There may need to be a stronger legal mandate for the M&E Department to be fully effective. Second, staff of the Department is all new to the MOH and do not have experience with M&E, with the exception of one M&E Specialist. There is a need for intensive support and training to develop the professional skills of the M&E Department staff.

- The joint M&E process with other institutions is functioning at the technical level, but needs to be strengthened further.

  The first M&E processes have been put in place and the first version of several of the products have been drafted.The processes and products now need to be standardized and institutionalized, and data flows for Milestones and annual performance indicators need to be automated and maintained in a database and format that facilitates analysis.There is also a need for training for the M&E Department and other institutions in basic research methods, data analysis, and making better use of data for decision-making.

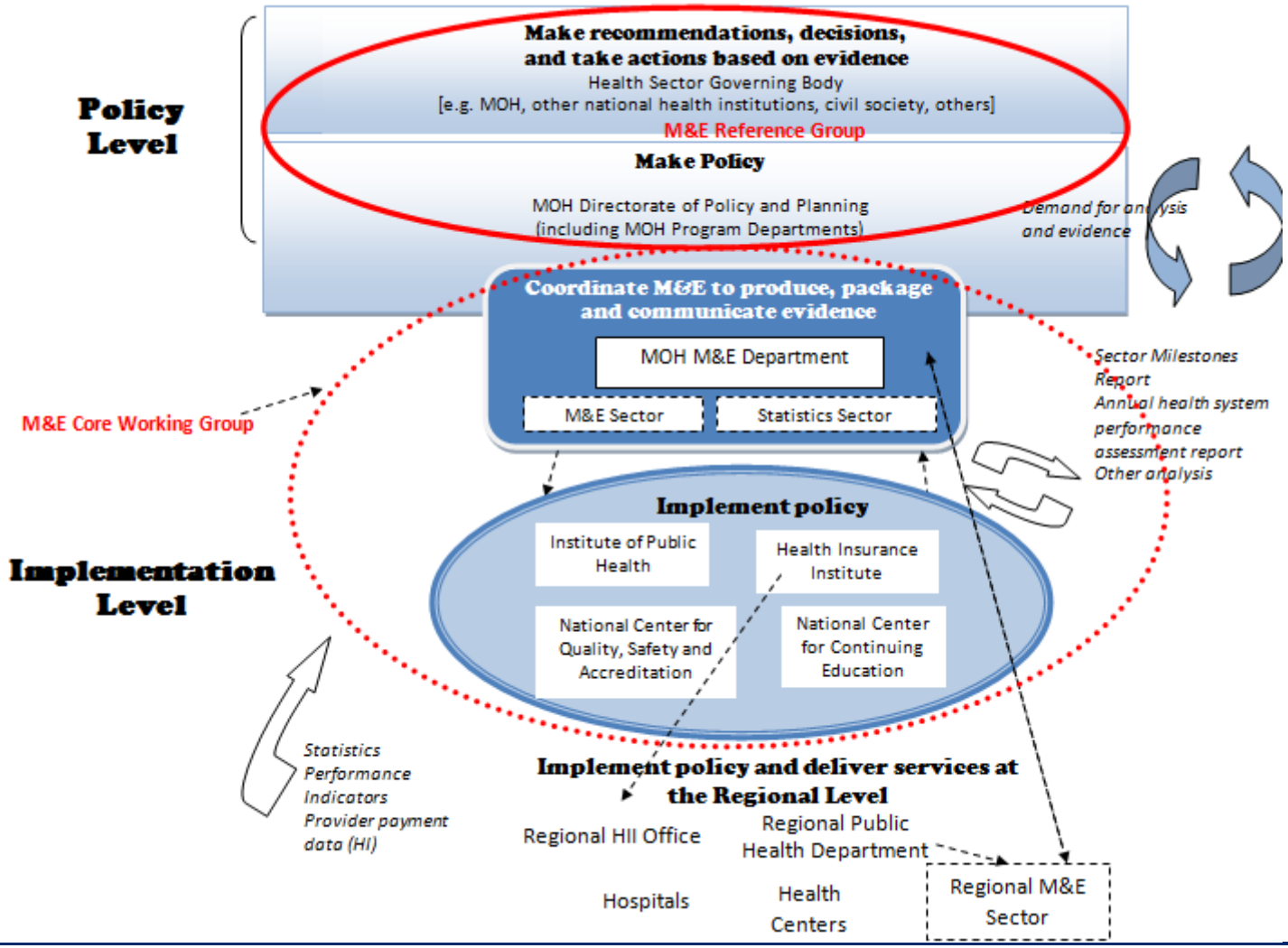
- The system is lacking a mechanism for bringing results to the decision-making level.

  All stakeholders agree that there needs to be a mechanism (and demand) for using the results internally to improve their own performance and for bringing results to the decision-making level. The M&E Department can only do so much to drive the demand and use of the results of the M&E system. The Department of Policy and Planning is now in a position to coordinate planning and priority-setting across all program departments and institutions, and to bring the results of the M&E system into the planning and policy-making process.

At the regional level:

- The cooperation and sharing of data between the 3 main actors in the regional health system (RHD, HII, and the regional hospital) is weak and maybe worsening;
- The data flow to the MOH from the regions is problematic because the MOH lacks sufficient leverage to enforce data reporting requirements;
- HII is the main holder of data related to financing, service utilization, and even clinical performance, but these data are not consistently shared with decision-makers outside of HII;
- The result is that there is not good data available to the RHDs or national MOH for monitoring or policy-making.

FIGURE 1. SCHEMATIC OF POLICY PROCESS AND M&E FUNCTIONS



The recommendations to strengthen the implementation of the M&E framework are as follows (possible contributions of the EEHR project are discussed in the next section):

- Standardize the key processes and products of the Health Sector Monitoring System.
- Strengthen the internal processes in the program departments of the MOH to plan their activities, set milestones, measure progress, and improve performance
  - Each institution should have a focal person for M&E and M & E should be clearly in this individual's job description
  - M&E Department and focal persons in each institution should receive training in research methods, data analysis, M&E and making better use of data for decision-making
  - Provide training for the MOH and national health sector institutions in modern performance improvement techniques at both the national and regional levels (this can be supported by NCQSA)
- Strengthen data sources, quality and flows:
  - Data warehouse is critical—data for agreed indicators should flow from institutions to the data warehouse where it can be aggregated, cleaned, and made accessible to the MOH M&E Sector. This data warehouse is currently being developed at the IPH.
  - Increased effort should be made to include INSTAT in M&E process
- Support the Policy and Planning Department to clarify its role and steps needed to bring the results of the M&E system, as well as other sources of information and evidence, into the planning and policy-making process.
- Clearly establish the role of the RHD M&E Sectors in the implementation of the M&E Framework
  - For example, strengthen the RHD M&E function by making them responsible for routine data collection and analysis for information needed for policy—e.g routine health facility surveys with a targeted clinical quality component
  - Provide training at the regional level in data collection and analysis, M&E and making better use of data for decision-making

7.2 EEHR ACTIVITIES AND COACHING MODEL

Key areas where the EEHR project may consider focusing its support for implementing the M&E framework and strengthening evidence-based policy are the following: (1) strengthening the core processes and data sources and flows to implement the M&E system at the national and regional levels; (2) establishing a mechanism to bring the results of the M&E system into an evidence-based policy and decision-making process; (3) formalizing the EEHR coaching model, which can be replicated in other components of the project; and (4) harmonizing the EEHR PBMP with the national Health Sector Monitoring System.

Specifically, the EEHR project may focus its M&E activities as follows:

Strengthen core M&E processes and data sources and flows

- Provide support to standardize the key processes and products of the Health Sector Monitoring System,

  Specific support may include:

  Draft guidelines for systematic process for developing milestones, reporting milestones, analyze and draft report, Core Working Group Milestones Review Meeting to interpret results and make recommendations, and Reference Group Milestones Review Meeting to agree on action.
- Facilitate or provide training in M&E, including basic data analysis, presentation and use in decision-making for the MOH M&E Department, program departments and other national health sector institutions at both the national and regional levels (see model training plan in Annex 6)

- Provide support to strengthen the internal processes in the program departments of the MOH and other health sector institutions to plan their activities, set milestones, measure progress, and improve performance.

  Specific support may include:

  Work together with the NCQSA, which is the institution responsible for quality improvement in the health sector, to develop a training program in monitoring and performance improvement. The NCQSA is skilled in performance improvement approaches and, with modest EEHR project support, could serve as a resource to train other institutions at the national and regional level in these techniques. Several other institutions, such as IPH and NCCME, expressed interest in this kind of training and support during stakeholder interviews.

- Strengthen data sources, quality and flows for the M&E system.

  Specific support may include:

  EEHR should explore opportunities (possibly through a local IT consultant) to support to the M&E Department develop a database and standard reporting form to automate the reporting of annual health system performance indicators.

- Initiate support to the M&E process at the regional level through strengthening data sources and flows.

  Specific support may include:

  There is a need to strengthen the relationship between the RHD, HII and regional hospital to improve communication, data-sharing, and joint problem solving to improve health system performance at the regional level. While functions remain unclear, particularly for the RHD, strengthening data sources and flows may be a reasonable place to start. Strengthening data sources at the regional level is critical not only for implementation of M&E, but for any intervention aimed at improving health system performance.

  There is also a need to create a better balance of data generation and use across the three main actors. For example, the EEHR project could contribute to strengthening the RHD M&E function by supporting them to establish routine data collection and analysis for information needed for policy—e.g. routine health facility surveys with a targeted clinical quality component.

  Hospitals will need to establish hospital case databases to improve their planning and management of contracts with HII. In addition, hospital case data will be needed by HII to design and implement new hospital payment systems. The hospital case data should be the responsibility of the hospitals and should include data for all patients, insured and uninsured.

  The EEHR project may provide support to: (1) assessing the current status of hospital case databases in different regions; (2) providing guidance to harmonize the different systems that are already in place; (3) ensuring that all variables are included that will be needed to design and implement a case-based hospital payment system; and (4) assisting hospitals directly to put in place or update a case database and use it for internal planning and management.

  - EEHR may begin by conducting an assessment of coordination and communication around data flows in each region. This would be a critical criterion for selecting pilot regions for the second phase of EEHR.

Establish a mechanism to bring the results of the M&E system into an evidence-based policy and decision-making process

- Provide support to package and communicate the results of M&E and other research activities so they are more useful for policy and decision-making.

  Specific support may include:

  Provide training and support the M&E Department to develop templates to package M&E results and other research to be communicated policymakers, advocacy groups, journalists, and other stakeholders

- Through the Governance component of the EEHR project, build on the existing M&E Reference Group to strengthen a participatory group of policymakers that will formally generate demand for and utilize results from the M&E system and other analysis in decisions and policymaking.

Formalize the EEHR coaching model by establishing a Memorandum of Understanding (MOU) between EEHR and the MOH that specifies roles and responsibilities of both EEHR and M&E Department

Harmonize the EEHR PBMP with the national Health Sector Monitoring System through a sub-set of indicators in the key health system performance areas. The project also should consider targeting support to strengthen existing data sources or establishing new sources, such as a health facility survey and hospital case database.

ANNEXES

ANNEX 1: DOCUMENTS REVIEWED

- Milestone Indicators
- 2010 Milestones Report
- Health Sector Activity Map
- 2009 Health System Performance Assessment Report
- EEHR Year 1 Workplan
- EEHR Draft PBMP

ANNEX 2: INDIVIDUALS CONTACTED

Entela Buzali, Statistics Specialist, Statistics Sector of the MOH M&E Department
Mirela Cami, M&E Expert, EEHR Project
Erol Como, Head of Sector, Family Medicine Sector of the MOH Public Health Department
Margarit Ekonomi, Specialist, HII
Elvana Hana, Director, HII
Mirlinda Heidorn, Head, MOH M&E Department
Millan Janku, Director, Shkoder Regional HII
Isuf Kalo, Director, NCQSA
Rosi Petani, Head of Primary Care Sector, Shkoder Regional HII
Pellumb Pipero, Director, MOH Policy and Planning Department
Kytim Qeraj, Head of IT and Statistics, Shkoder Regional HII
Klodian Rjepaj, Director of Cabinet, Ministry of Health
Enver Roshi, Director, IPH
Sonila Rreshka, M&E Specialist, M&E Sector of the MOH M&E Department
Zhaneta Shatri, CTO, USAID
Entela Shehu, Director, NCCME
Irena Shestani, Director, Shkoder Regional Public Health Department
Petraq Shtrepi, Head of Sector, M&E Sector, MOH M&E Department
Naun Sinani, Deputy Director, HII
Zamira Sinoimeri, Senior Health Policy Adviser, EEHR Project
James Statman, EEHR COP
Ana Tatari, Budget Sector, MOH Financial Planning Department
Ervin Toci, IPH
Sonela Xinxo, IPH
Ledja Xhafai, M&E Specialist, M&E Sector of the MOH M&E Department
Alban Ylli, IPH

ANNEX 3: SCHEDULE OF CONSULTING VISIT

Monday, 9 May 2011

10.00 Meeting in the Project office with Mr. James Statman, COP and Ms. Mirela Cami, M&E Expert, EEHR Project.

11.00 Meeting at IPH with Enver Roshi, Director of IPH and Alban Ylli

2.00 Meeting at USAID with Dr. Zhaneta Shatri, CTO USAID, and Mr. Agim Kociraj, Health Specialist USAID

Tuesday, 10 May 2011

10.00 Meeting with Mr. Isuf Kalo, Director of National Center for Quality Assurance and Accreditation of Health Institutions

11.00 Meeting with Mr. Klodian Rjepaj, Director of Cabinet, MOH

12.00 Meeting with Mr. Erol Como, Chief in Public Health Dept.

2.00 Meeting with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

Wednesday, 11 May 2011

10.00 Meeting at USAID with Dr. Zhaneta Shatri and Mr. Agim Kociraj, USAID

11.00 Meeting with Entela Shehu, Director, National Center for Continuing Education

2.00-4.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

Thursday, 12 May 2011

10.00 Meeting Elvana Hana, General Director of HII

11.00 Meeting with Naun Sinani, Deputy Director, HII and Margarit Ekonomi, Specialist, HII

12.00-3.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

3.00-5.00 Intensive working session with EEHR M&E Expert Mirela Cami

Friday, 13 May 2011—Field Trip to Shkoder Region

10.00 Meeting Mr. Millan Janku, Director of RDHI in Shkodra, Rosi Petani, Head of Primary Care Sector, Shkoder Regional HII, and Kytim Qeraj, Head of IT and Statistics, Shkoder Regional HII

12.00 Meeting with Irena Shestani, Director, Shkoder Regional Public Health Department

2.00 Visit to Shkoder Regional Hospital

Monday, 16 May 2011

10.00 Meeting with Mr. Klodian Rjepaj, Director of Cabinet, MOH

11.00-2.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

4.00 Meeting with EEHR Governance Consultant Joanne Jeffers

Tuesday, 17 May 2011

09.00-12.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

2.00-5.00 Intensive working session with EEHR M&E Expert Mirela Cami

Wednesday, 18 May 2011

09.00-12.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect. , and Ana Tatari, Budget Sect., MOH Department of Financial Planning

2.00-5.00 Intensive working session with EEHR M&E Expert Mirela Cami

Thursday, 19 May 2011

9.00-1.00 M&E Roundtable Meeting (see Appendix C)

3.00 Meeting with the staff of the EEHR Project

Friday, 20 May 2011

09.00-12.00 Working session with Mr. Petraq Shtrepi, chief of Monitoring and Evaluation Sect. in MoH, Ms. Ledia Xhafaj and Ms. Sonila Reshka specialists of the Sect.

3.00 Debriefing with the staff of the EEHR Project

Thursday, 26 May 2011

10.00 Debriefing with Dr. Zhaneta Shatri and Mr. Agim Kociraj, USAID Annex 4: Terms of Reference for M&E Core Working Group and Reference Group

ANNEX 4: TERMS OF REFERENCE FOR M&E CORE WORKING GROUP AND REFERENCE GROUP

Terms of Reference: M&E Reference Group

[or "Health Sector Steering Committee"]

Purpose of the Group: To provide overall coordination and ongoing monitoring of health sector strategies, policies and activities jointly across national health sector institutions and in collaboration with international partners.

Chair: Minister of Health

Group Members: Ministry of Health:

- Director of Cabinet (Deputy Chair)
- Director of Policy and Planning Department
- Director of Hospital Planning Department
- Director of Public Health Department
- Director of Financial Planning and Budget Department
- Head of M&E Sector

The Director and/or other appointed representatives of:

- Institute of Public Health
- National Center for Quality, Safety and Accreditation
- National Center for Continuing Education
- Health Insurance Institute

External Members/: Representatives from:

Observers: Parliamentary Committee on Health

- Ministry of Finance
- INSTAT
- World Health Organization, World Bank, UNFPA, UNICEF, EC Delegation
- Bilateral aid agencies
- Other international partners as appropriate

Objectives:

- Facilitate ongoing dialogue to address current and emerging health sector challenges, ensuring effective coordination, collaboration and networking of all stakeholders in the health sector.
- Use the health sector monitoring system as the overall framework within which to respond to the health challenges and to ensure that activities of national institutions and international partners are within this framework and are designed and implemented according to internationally accepted standards and best practices.
- Provide a forum for bringing information, analysis, and evidence into the process of health sector priority-setting and policy development.
- Encourage the sharing, analysis and dissemination of information amongst all stakeholders.

Main Tasks:

- Review all analyses, reports, and monitoring indicators produced by the Core Working Group, and make recommendations for policy change or other decisions based on the conclusions of analyses.

- Convene Quarterly Monitoring Meetings to discuss the progress and challenges identified in the Quarterly Monitoring Report prepared by the M&E Core Working Group, and propose actions that are required for further progress.
  - Ensure that the Quarterly Monitoring Meetings serve as an opportunity for sharing experience, problem-solving, and coordination across the national health sector institutions, and with international partners.
  - Review, revise and update health sector action plans, milestones, and outcome indicators as needed to better match the reality of the current situation and emerging priorities.
- Conduct an Annual Health Sector Review based on the Annual Health System Performance Assessment Report produced by the M&E Core Working Group.
  - Discuss the conclusions of the assessment report, and identify areas where policy changes or other further action is needed.
  - Update the health sector strategy and key activities for each institution based on the Annual Health Sector Review.
  - Identify opportunities to collaborate with international partners or better leverage donor resources to achieve health sector strategic objectives.
- Identify needs for supplemental information and analysis to support evidence-based policy development, and work with the M&E Core Working group to provide or commission special studies to meet information needs.
- Use the Quarterly Monitoring Reports, Annual Health System Performance Assessment Report, and other analytical outputs to advocate for health to be a priority on the Government agenda.

Terms of Reference: M&E Core Working Group

Purpose of the Group: To coordinate across all national health sector institutions to implement the sector-wide monitoring system and provide information and analysis on policy-relevant issues to decision-makers in the MOH and national institutions.

Group Coordinator: Head of MOH M&E Sector

Group Members: Working group members will include at least one representative at the analyst or specialist level from each of the following institutions:

- MOH M&E Sector
- MOH Hospital Planning Department
- MOH Public Health Department
- MOH Financial Planning and Budget Department
- Institute of Public Health
- National Center for Quality, Safety and Accreditation
- National Center for Continuing Education
- Health Insurance Institute

Main Tasks:

- Meet on a regular basis to identify areas to identify key policy issues that need to be supported by information and evidence, improve coordination across national health institutions, and identify issues with data quality and information flows.
- Provide support to establish regional level M&E working groups, train working groups in the M&E system, and provide training and support to M&E Units of Regional Health Departments to strengthen data reporting and data quality from health centers and hospitals.
- Contribute to the design, implementation, and refinement of the national health information system to ensure the system produces the indicators necessary for the M&E system and can evolve with the M&E system over time.
- Coordinate the collection and synthesis of quarterly milestone reports from each national health sector institution.
- Prepare the quarterly health sector monitoring report and identify key issues for discussion at the quarterly review meetings, such as:
  - Areas of acceptable progress
  - Activities that face obstacles, and propose solutions to the obstacles
  - Areas where coordination across institutions should improve
  - Issues that require further analysis or special study
  - Proposed changes to action plans and indicators
- Coordinate the data analysis, interpretation and presentation of outcome indicators for the annual health system performance assessment report, and manage the production of the report.
- Contribute to the annual health system performance assessment report, and identify key policy issues for discussion during the annual health sector review.
- Identify key issues of policy relevance for further analysis as needed to support evidence-based policy and decision-making:
  - Coordinate or conduct additional data collection, exchange, and analysis, or
  - Commission special studies from national health sector institutions or external institutions:
  - Prepare the concept document for the study

  - Conduct a tender to contract the research institution
  - Manage the contract and provide technical oversight to the study
  - Interpret the findings of the study and present to policymakers
- Establish other channels and mechanisms to communicate information and evidence to policymakers.

Operational Processes:

- The Head of the M&E Sector of the MOH will serve as the overall coordinator for the Core Working Group and carry out the following functions:
  - Maintain a database of all milestones and outcome indicators
  - Organize and chair Core Working Group Meetings
  - Coordinate the production of the quarterly monitoring report and annual health system performance assessment report
  - In collaboration with the M&E Sector, contribute to the preparation for Quarterly Monitoring Meetings and the Annual Health Sector Review
- The working group will develop an annual workplan, to be approved by the M&E Reference Group.
- Analytical tasks will be shared across working group members, but coordinated by the Head of the M&E Sector.
- The working group will prepare quarterly meetings for the Reference Group to present the Quarterly Monitoring Report and brief decision-makers on key analytical results, trends, and priority issues.
- The Working Group will be coordinated through monthly meetings organized by the M&E Sector of the MOH.

ANNEX 5: M&E ROUNDTABLE MEETING AGENDA AND PARTICIPANT LIST

Agenda M&E Roundtable
May 19, 2011

Venue: Hotel Diplomat

Objectives:

- Update stakeholders on the status of implementing the health sector M&E system
- Share results and challenges of the first Milestones Report of the Health Sector Institutions
- Discuss options for a process and forum to use the results of the Milestones Report to support evidence-based management and policy decision-making in the health sector.

Agenda:

9:00-9:30	Registration
9:30-9:45	Welcome (*Ms. Mirlinda Heidorn, Director, MOH M&E Department*)
	Opening Remarks (Mr. Pellumb Pipero, Director, MOH Policy and Planning Department)
9:45-10:00	Overview of the M&E system as part of evidence-based management and policy decision-making (*EEHR—Mirela Cami and Cheryl Cashin*)
10:00-10:30	Update on the status of implementing the health sector M&E system (*Mr. Petraq Shtrepi, . Head, MOH M&E Sector*)
	Milestones Report of the Health Sector Institutions
	Health System Performance Assessment Report
10:30-10:45	Coffee Break
10:45-12:00	Presentations by health sector institutions on milestones--results and challenges (Moderated by Mr. Petraq Shtrepi, . Head, MOH M&E Sector)
	MOH Primary Care Department
	MOH Hospital Department
	MOH Finance and Budget Department
	IPH
	HII
	NCCME
	NCQSA-HI
12:00-12:45	Facilitated discussion of options for a process and forum to use the results of the Milestones Reports for policy purposes and next steps (*facilitated by Mirela Cami, EEHR*)
12:45-1:00	Closing remarks (Mr. James Statman, Chief of Party EEHR)
1:00	Lunch

Outputs:

- Recommendations to improve on the process and structure of the Milestones Report
- Recommendations for action based on the Milestones Report
- Proposed next steps for the implementation of the health sector M&E system

List of participants

Klodian Rjepaj MOH; Head of Cabinet
Pellumb Pipero MoH; Director; Policy&Planning Department
Mirlinda Heidorn MoH; Director, M&E Department
Petraq Shtrepi MoH, M&E Department
Ledia Xhafaj MoH, M&E Department
Sonila Rreshka MoH, M&E Department
Entela Buzali MoH, M&E Department
Paulin Kodra, Director,IT Department
Gazmend Bejtja , MoH, Director, Public Health Department
Erol Como MoH, Public Health Department
Silva Novi, MoH, Hospital Department
Ana Lipe, MoH, Financial Department
Maks Bozo, MoH, , Hospital Department
Naun Sinani, HII, Adviser
Margarit Ekonomi, HII, Adviser
Gazmend Koduzi, HII, Director, PHC-Department
Albana Adhami, HII, PHC-Department
Xhadi Gjana, HII, PHC-Department
Rudina Mazniku, HII, Director Hospital Department
Arjana Kuliqi, HII, Hospital Department
Aleksander Haxhi, HII, Hospital Department
Nora Horralliu, HII, Financial Department
Ilir Shamata, NC CME
Ardiana Ristani, NC CME
Alban Ylli; IPH
Ela Petrela; IPH
Ervin Toci; IPH
Sonela Xinxo; IPH
Ines Culllaj ; NC QSA
James Statman, EEHR COP,
Zamira Sinoimeri, EEHR
MIrela Cami, EEHR
Dorina Tocaj, EEHR
Ornela Palushaj EEHR
Altin Malaj, EEHR,
Grace Chee, EEHR Consultant
Joanne Jeffers, EEHR Consultant Ilirjan Hasani, EEHR
Manuela BAsha, EEHR

ANNEX 6: MODEL M&E TRAINING PLAN

Introduction: M&E in the Context of EEHR Objectives

EEHR employs three strategies to improve and expand access to essential health services by the poor in Albania:

- Improve health reform policy and planning to institutionalize effective policymaking processes and to encourage increased reliance on evidence to inform policymaking;
- Improve capacities to implement a set of feasible and effective health reforms in selected regions;
- Improve advocacy and communication around health reform within the GOA, health sector, donors, and among the general population.

Each of these strategies relies on improved availability of data, analysis, and use of information for health sector decision-making. An important component of the EEHR project is to build capacity in the generation, analysis and use of data for monitoring and evaluation in the health sector and evidence-informed decision-making and policy. The EEHR capacity-building approach combines a comprehensive training program with on-the-job coaching to strengthen the process and products of M&E and evidence-informed policy.

M&E Training Plan

The EEHR M&E Training Plan includes three main components:

- Principles of M&E
- Modern techniques of performance improvement for health providers and institutions
- Regional level training to implement the national Health Sector Monitoring System

TABLE 1. DETAILED M&E TRAINING PLAN

Topic	Modules	Target Audience	Training Method/Provider	Length
Principles of M&E	• Module 1: M&E frameworks and indicators • Module 2: Basic data analysis • Module 3: Interpretation of indicators and analysis • Module 4: presentation of analytical results interpretation • Module 5: Use of data and analysis in decision making • Module 6 (specifically for M&E Department): Database management	• MOH M&E Department • Technical staff responsible for M&E in other national health sector institutions	• The training would be conducted in Albania by external experts. • A training of trainer approach would be used, with all materials and training manual made available to participants to replicate the course as needed. • The exercises used in the training course would come from actual analytical problems in the health sector in Albania with a product at the end that can be used by decision makers.	8 half-day sessions: Module 1: 4 hours Module 2: 12 hours Module 3: 8 hours Module 4: 4 hours Module 5: 4 hours Optional Module 6 (for M&E Department only): 12 hours

TABLE 1. DETAILED M&E TRAINING PLAN

Topic	Modules	Target Audience	Training Method/Provider	Length
Modern techniques of performance improvement	• Module 1: Basic performance improvement concepts and tools • Module 2: Measuring institutional performance • Module 3: Managing change within an organization	• Leadership and technical staff of MOH program departments and national health sector institutions	• The training would be conducted in Albania by external experts together with the National Center for Quality, Safety and Accreditation. • A training of trainer approach would be used, with all materials and training manual made available to participants to replicate the course at the regional level.	6 half-day sessions: Module 1: 8 hours Module 2: 8 hours Module 3: 8 hours
Regional level training to implement the national Health Sector Monitoring System	• Module 1: Overview and purpose of the national M&E framework • Module 2: Health system performance indicators, data sources and flows • Module 3: Using the Health Sector Monitoring System to improve regional health sector performance	• Leadership and technical staff of regional Public Health Department, HII, regional hospital, and health centers	• The training would be conducted in Tirana and/or the regions by members of the M&E Core Working Group	2 half-day sessions (in each region or group of regions): Module 1: 2 hours Module 2: 2 hours Module 3: 4 hours